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EMPLOYEE PERFORM	JANCE	TYPE OF EVALUATION							
APPRAISAL REPORT		TECHNICAL		Annual	3-Month	○6-Month		Follow-up	
State Form 19957 (R5 / 7-97) *Social Security Number request is n	nandatory			Other:					
per IC 4-1-8-1 (5)		WORKING TEST							
This information may be used in decisions concerning training needs, advancement, performance-related salary adjustments, layoffs, reemployment, and as evidence in contested disciplinary actions.		Successfully completed: Permanent status granted. EFFECTIVE DATE:							
		Request extension for six (6) months. Reason on Comments Sheet. EXTENDED DUE DATE :							
		State Personnel Director approval				Date (month, day, year)			
Name of employee *Social Security Num						/ Number			
Name of state agency Org Code									
Class title and class code of employee Review period (n						(month / year)		To /	
		AREAS OF RES	SPONSIBILITY		IMP.	QUALITY	QUANTIT		
INSTRUCTIONS		RESPONSIBILIT	Y STATEMENT		Es Ne	Na 6 = 5	Na 6 = (Na 6 = 5	
List the applicable areas of responsibility from the position description. 2) Indicate the	1.				00		0000) 0000	
relative importance of each in the second column.	2.								
Assign a rating to each dimension based on the actual work performed. Substantiate	3.								
ratings of "below standard" on Comments	5.						10000		
Sheet. key: (Es) Essential (Ne) Nonessential	6.					0000	10000		
(Na) Not applicable (6) Below standard	7.					0000	0000	0000	
= At standard 5 Above standard	8.				ŎŎ	ÖÖÖC	0000		
		A EN ED A I							
INICTRILICTIONIC			TOR				IMPORT. (Es) (Ne) (Na)	PERFORMANCE UMSV0	
INSTRUCTIONS 1) Indicate the relative importance of each	1 Joh Kraudadaa		TOK						
factor in the first column. 2) For each applicable factor, assign the most suitable performance rating. Substantiate ratings of "Unsatisfactory" or "Outstanding" on Comments Sheet.	1. Job Knowledge						000		
	Communication	1					000	00000	
	3. Use of Time						000	00000	
key: (Es) Essential (NE) Nonessential (Na) Not applicable (U) Unsatisfactory (V) Very good (0) Outstanding	4. Flexibility						000	00000	
	5. Dependability						000	00000	
	6. Follows Approp	oriate Procedures / Judgment					000	00000	
	7. Interpersonal Relations								
Employee signature	Date signed	Evaluator signature		Superior		Appointing Au	thority signatur	e Date	
I hereby certify that I have had an opportunity to review this report and understand that I am to receive a copy. I am aware that my signature does not necessarily mean that I agree with the rating. I hereby certify that this rating report constitutes my best judgment of the service performed by this employee for the review periodoses not necessarily mean that I agree with the rating.							or the review period		
Distribution: White - State Personnel; Canary - A	gency; Pink - Em	nployee; Goldenrod - Sup	ervisor						